



TOWN OF LOS GATOS
PARKS & PUBLIC WORKS DEPARTMENT
ENGINEERING DIVISION
PHONE (408) 399-5771
FAX (408) 399-5763

SERVICE CENTER
41 MILES AVENUE
LOS GATOS, CA, 95030

APPLICATION FOR STORAGE IN PUBLIC RIGHT-OF-WAY

Permit No. **ST**

Property Address: _____ A.P.N.: _____

Location of Storage (if not at address frontage): _____

Type of Storage: MATERIALS CONTAINER (CIRCLE ONE)

Type of Materials _____ Size of Container: _____

Estimated Date of Removal: _____

ADDITIONAL INFORMATION:

1. Property Owner:

Name: _____ E-mail: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____

2. General Contractor in charge of work at the site:

Name: _____ E-mail: _____

Firm: _____ Town Business License No: _____

License No.: _____ Class: _____ Exp. Date: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____

3. If Container Storage, complete the following:

Container Supplier: _____ Phone (required): _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

NOTICE:

- ◆ Any questions regarding Storage Permits, please call George Garcia, Senior Engineering Inspector at (408) 399-7530 or Steve Souza, Engineering Inspector, at (408) 395-3430.
- ◆ All Storage in the Public Right-of-Way requires a Storage Permit.

SIGNATURE OF APPLICANT:

Date: _____

Print Name: _____ Property Owner Contractor
(CIRCLE ONE)

FOR OFFICIAL USE ONLY:

Approved by: _____ Date: _____

STORAGE CONTAINER REMOVAL LOG

FOR OFFICIAL USE ONLY:

Date Removal Inspection Requested:_____

Site Inspected by:

Inspector

Date:_____

Refund Request sent to Finance:

By:_____

Date:_____

FOR CONTAINERS NOT VOLUNTARILY REMOVED:

Removal Letter Sent:

By:_____

Date:_____

"Remove By" Date:_____

Site Inspected by:

Inspector

Date:_____

Supplier Notified to Remove:

By:_____

Date:_____

"Remove By" Date:_____

Site Inspected by:

Inspector

Date:_____

Date Bill Received:_____

Date Payment Authorized:_____